	dominetical Department of Labrie Health Dimining Water Section						
	Water Quality Monit	toring and	d Con	npliance S	Schedul	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0620044 BROOKSVALE PARK-VETERANS' MEMORIAL BLDG			NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
524 BROOKSVAI	E AVENUE	Connections		1			
Towns Sarvad.	IAMDEN						

Connecticut Department of Public Health Drinking Water Section

the second secon						0
524 BROOKSVALE AVENUE	Connections		1			
Towns Served: HAMDEN						
N	Ionitoring Requ	irement	:S			
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Coliform (3100)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio		ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	31/19			
		4/1/19 - 6/	30/19			
		7/1/19 - 9/	30/19			
Physical Parameters (PPS)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	d Complic	ınce Status
Select from Inventory of Active Sampling Points	:	10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	31/19		Cor	nplete
		4/1/19 - 6/	30/19			
		7/1/19 - 9/	30/19			
Water System Facility: ENTRY POINT (WSF ID: 0	00700)					
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	d Complic	ınce Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	nplete
		1/1/19 - 12	/31/19		Cor	nplete
		1/1/20 - 12	/31/20			
Water System Facility: WELL (WSF ID: 21076)						
E. Coli (3014)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complic	ince Status
WELL (2)		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/			Cor	nplete
		4/1/19 - 6/				
		7/1/19 - 9/	30/19			
Publi	c Notification R	equirem	ents			
	Compliance	Notice	Public No	<u>otification</u>	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	11/5/2004		11/15/2004	
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/5/2004		11/15/2004	
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/9/2005		2/19/2005	
Nitrate And Nitrite M&R Violation	1/1/04 - 12/31/04	2	6/23/2005		7/3/2005	
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	6/23/2005		7/3/2005	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

1/1/05 - 3/31/05

10/1/05 - 12/31/05

1/1/07 - 3/31/07

4/1/06 - 6/30/06

1/1/09 - 12/31/09

4/1/17 - 6/30/17

2

3

2

3

2

8/26/2005

3/20/2007

6/22/2007

8/18/2007

4/1/2010

9/26/2018

9/5/2005

3/30/2007

7/2/2007

8/28/2007

4/11/2010

10/6/2018

Page 1

Total Coliform M&R Violation

Total Coliform M&R Violation

E. Coli M&R Violation

Physical Parameters M&R Violation

Physical Parameters M&R Violation

Nitrate And Nitrite M&R Violation

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section	
Water Quality Monitoring and Compliance Schedule	

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0620044	BROOKSVALE PARK-VETERANS' MEMORIAL I	BLDG		NC	25	Р	GW
Local Address (vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
524 BROOKSVA	LE AVENUE	Connections		1			

Towns Served: HAMDEN

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		SP5	-BROOKVALE VET M #1	Α	Υ				
		SP6	-BROOKVALE FHT	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21076	WELL	2	WELL	Α					
57012	TREATMENT DI ANT								

5/912 IREATIVI	ENTPLANT								
			Co	ontact Inf	ormation				
Name			Organization			Job Title			
Mr. Vincent Lavorgna			Hamden Parl	ks & Recreation		Park Ranger			
Mailing Address Line One Mailing Addr			ress Line Two			City	State	Zip Code	
524 Brooksvale Ave	nue					Hamden		СТ	06518
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress		
203-287-2669		203-287-2	2670						
Contact Role(s): Ac	dministrative	Contact							
Name			Organization				Job Title		
Mr. Scott D. Jackson			Town of Hamden			Mayor			

O .			 ,		,		
Hamden Government Center 2750 Dixwell Avenue			Hamden	CT	06518		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): Legal Contact, Owner

Please note the following:

Mailing Address Line One

860-287-7000

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

860-287-2501

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

State

City

sjackson@hamden.com

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0620064	YMCA - CAMP MOUNTAIN LAUREL				NC	180	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
2700 DOWNES I	ROAD	Connections			1			

Towns Served: HAMDEN

	•		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

Monitoring Requirements

(0=00)			(/
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		

	1 rou	tine (RT) per month
Monitoring Period	Collection Period	Compliance Status
5/1/19 - 5/31/19		
6/1/19 - 6/30/19		
7/1/19 - 7/31/19		
8/1/19 - 8/31/19		
	5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19	Monitoring Period Collection Period 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19

Water System Facility:	ENTRY POINT	(WSF ID: 00700)
------------------------	--------------------	-----------------

Nitrate And Nitrite (NOX)		1 routine (RT) per yea					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/18 - 12/31/18						
	1/1/19 - 12/31/19						
	1/1/20 - 12/31/20						

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	5/1/2018	
SEASONAL START UP CERTIFICATION	5/1/2018	
SEASONAL START UP COMPLETION	6/15/2019	

Public Notification Requirements							
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
REVISED TOTAL COLIFORM RULE (RTCR)	5/2/18 -	3	7/18/2018		7/28/2018		
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/2/18 -	2	7/18/2018		7/28/2018		
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	9/10/2019		9/20/2019		
Total Coliform M&R Violation	4/1/18 - 6/30/18	3	9/10/2019		9/20/2019		
Total Coliform M&R Violation	8/1/18 - 8/31/18	3	11/16/2019		11/26/2019		
Total Coliform M&R Violation	7/1/18 - 7/31/18	3	11/16/2019		11/26/2019		
Physical Parameters M&R Violation	8/1/18 - 8/31/18	3	11/20/2019		11/30/2019		
Physical Parameters M&R Violation	7/1/18 - 7/31/18	3	11/20/2019		11/30/2019		
Nitrate And Nitrite M&R Violation	1/1/18 - 12/31/18	3	2/13/2020		2/23/2020		

Water System Facility and Sampling Point Inventory

	Water			Total Lead	d and
	System Water System Facility	Sampling Point	Sampling Point	Coliform Co _l	oper Stage
I	Facility ID	ID	Description	Status Rule Rule	e Tier Asbestos WQP 2 DBPR

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Mon	d Con	npl	liance S	Schedul	le		
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source	
CT0620064			NC	180	Р	GW		
Local Address (where applicable)		Service	Resider	ntial Commerci		al Industri	al Combin	ed Agricultural
2700 DOWNE	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: HAMDEN

	Wa	iter System Facili	ity and Sampling P	oint Ir	nventoi	ſy			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21078	WELL	2	WELL	Α					
		Con	tact Information						
Name		0	rganization				Joh Title		

			C	ontact int	ormation					
Name				Organization	ı		Job Title			
Central CT Coast YI	ИCA									
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code	
1240 Chapel Street						New Have	en	СТ	06511	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Add	lress			
203-777-9622						info@ccc	/mca.org			
Contact Role(s): O	wner									
Name				Organization	1		Job Title			
Mr. Alexei Bachuretz				Hamden YMCA			Operations Director			
Mailing Address Lin	e One		Mailing Address Line Two			City		State	Zip Code	
1605 Sherman Aver	nue							СТ	06514	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Add	lress			

Contact Role(s): Administrative Contact

Please note the following:

203-248-6361

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

abachuretz@cccymca.org

Schedule Generation Date: 4/11/2019

	Connecticut De	partmen	t of I	Public H	lealth	Dı	rinking	Water S	Section	n	
	Water Qu	iality Mo	onito	ring an	d Con	npl	iance S	chedule			
PWS ID	PWS Name	<i>J</i>				_				e Primary Source	
CT0620074	BROOKSVALE PARK - FIEL	D HOUSE					NC	25	L	GW	
Local Address	(where applicable)		S	Service	Residen	ntial	Commercia	al Industrial	Combir	ned Agricultural	
524 BROOKSV	ALE AVENUE		(Connections			1				
Towns Served	: HAMDEN										
		Mo	onitor	ing Requ	iireme	nts	;				
Water Syste	m Facility: DISTRIBUTION	N SYSTEM (N	NSF ID:	00600)							
Total Colifo								1 r	-	RT) per quarter	
	Point (Sampling Point ID)				Monitori			ollection Perio	od Con	mpliance Status	
Select fro	om Inventory of Active Samp	ling Points			10/1/18 -		-				
			4/1/19 -								
					7/1/19 -	- 9/3	0/19	_			
_	ameters (PPS) g Point (Sampling Point ID)				Monitori	ing P	Period Co	1 r Ollection Perio	-	RT) per quarter Inpliance Status	
Select fro	om Inventory of Active Samp	ling Points			10/1/18 -	- 12/	31/18	10/1-11/30			
					4/1/19 -	- 6/3	0/19				
					7/1/19 -	- 9/3	0/19				
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00	700)								
Nitrate And	Nitrite (NOX)								1 routine	e (RT) per year	
Sampling	Point (Sampling Point ID)				Monitori	ing P	Period Co	ollection Perio	od Con	npliance Status	
ENTRY P	DINT (3)				1/1/18 -			4/1-11/30		Complete	
								4/1-11/30			
					1/1/20 -			4/1-11/30			
		Oth	er Coi	mpliance	Sched	dule	es				
Compliance S	chedule Activity				Due Date Achieved Date						
SEASONAL ST	ART UP COMPLETION					4/1/	2019				
		Public	Notif	ication R	equire	eme	ents				
			Con	npliance	Notice	?	<u>Public No</u>	<u>tification</u>	<u>PN</u> (<u>Certification</u>	
Violation/Situ				Period	Tier		Required	Performed	Due to D	PH Received	
•	neters M&R Violation			8 - 12/31/18			2/13/2020		2/23/20		
Total Coliform	M&R Violation		10/1/18	8 - 12/31/18	3		2/13/2020		2/23/20	20	
	Water	System F	acility	y and Sar	npling	Po	int Inve	ntory			
Water	otan Contant Fortille	C !!	Dates C					tal Lead a			
System Work Facility ID	iter System Facility	Sampling I ID		ampling Poi Description	nt		0	form Coppe ule Rule T		Stage tos WQP 2 DBPR	
	TRIBUTION SYSTEM	4		OISTRIBUTIOI	u SVSTEN/		Jiuius	Y Kule I	er Asbes	103 WQF Z DDFK	
55500 DIS	DOTION SISILIVI			VITHIN 5 SEF			A	•			
		SP4		BROOKVALE				Υ			
		UPSTRE.		VITHIN 5 SEF		N	A	-			
00700 EN	TRY POINT	3		NTRY POINT			A				
	ELL #1	2		VELL #1			Α				
				act Infori	mation						
			Conta	act iiiioii	nation	•					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Hamden Parks & Recreation

Job Title

State

Zip Code

06518

Park Ranger

City

Hamden

Organization

Mailing Address Line Two

Name

Mr. Vincent Lavorgna

Mailing Address Line One

524 Brooksvale Avenue

	Connectic	ut Depa	rtmen	t of	Public	Health	Drir	nking	Water	Section	l	
	Wa	ter Qua	lity Mo	onito	oring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Pri	mary Source
CT0620074	BROOKSVALE PA	ARK - FIELD H	HOUSE				N	С	25	L		GW
Local Address (w	here applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed	Agricultural
524 BROOKSVALI	AVENUE				Connection	nections		1				
Towns Served: H	AMDEN					'				1	,	
Business Phone	Extension	sion Fax Mobile Phone E				Emergency	y Phone	Email A	ddress			
203-287-2669		203-287-	2670									
Contact Role(s):	Administrative	Contact										
Name	ı			Org	ganization			Job Title				
Mr. Curt B. Leng				To	wn of Hamd	len			Mayor			
Mailing Address	Line One		Mailing A	ddress	Line Two				City	State		Zip Code
Hamden Governi	ment Center		2750 Dixv	2750 Dixwell Avenue				Hamde	n	СТ		06518
Business Phone	Extension	Fax	Mobile Phone Emergend				y Phone	Email Address				
203-287-7100								cleng@	hamden.co	m		
Contact Polo(s):	Logal Contact											

Contact Role(s): Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name							_			pe Pr	imary Source	
CT062101	4 CHURCH O	F THE ASCENSION	I			N		-	.5	P		GW	
Local Add	ress (where applic	able)		Service	Residen	tial Co	mmerci	ial In	dustrial	Coml	oined	Agricultural	
	O DUNBAR HILL RD			Connections			1						
Towns Ser	rved: HAMDEN				I.								
			Monito	oring Requ	iireme	nts							
Water Sy	stem Facility: D	DISTRIBUTION S	YSTEM (WSF II	D: 00600)									
Total Co	liform (3100)								1 r	outine	(RT) r	er quarter	
Samj	pling Point (Sampl	ing Point ID)			Monitori	ng Perio	od C	ollecti	ion Perio	od Co	ompli	ance Status	
Selec	ct from Inventory o	of Active Sampling	g Points		10/1/18 -	12/31/	18				Co	mplete	
					1/1/19 - 3/31/19 Complete								
					4/1/19 -	6/30/1	9						
					7/1/19 -	9/30/1	9						
Physical	Parameters (PP	rs)							1 r	outine	(RT) r	er quarter	
Samj	pling Point (Sampl	ing Point ID)			Monitori	ng Perio	od C	ollecti	ion Perio	od Co	ompli	ance Status	
Selec	ct from Inventory o	of Active Sampling	g Points		10/1/18 -	12/31/	18				Co	mplete	
					1/1/19 -	3/31/1	9				Co	mplete	
					4/1/19 -	6/30/1	9						
					7/1/19 -	9/30/1	9						
Water Sy	stem Facility: E	NTRY POINT (V	VSF ID: 00700)										
Nitrate A	And Nitrite (NO	X)								1 routi	ne (R	T) per year	
Sam	pling Point (Sampl	ing Point ID)			Monitoring Period Collection Period Compliance Status								
ENTF	RY POINT (3)				1/1/18 -	12/31/1	L8				Co	mplete	
					1/1/19 -	12/31/1	L9						
					1/1/20 -	12/31/2	20						
		Water S	ystem Facili	ty and Sar	npling	Point	Inve	ntor	у				
Water							To	otal	Lead ar	nd			
System	Water System Fa	cility	Sampling Point		nt			iform	Coppe			Stage	
Facility ID			ID	Description		Sta	tus F	Rule	Rule Ti	er Asbe	estos	WQP 2 DBPR	
00500	WELL 1		2	WELL 1		Δ							
00600	DISTRIBUTION SY	STEM	4	DISTRIBUTION	N SYSTEM	Ι Δ	١						
			DOWNSTREAM	WITHIN 5 SER	VICE CON	N A	١						
			UPSTREAM	WITHIN 5 SER	VICE CON	N A	١						
00700	ENTRY POINT		3	ENTRY POINT		Δ	١						
			Con	tact Inforr	mation	1							
Name			Or	ganization						Job .	Γitle		
Reverend	Thomas J. O'rour	ke	Ch	urch of The As	scension			Pas	tor				
Mailing Address Line One Mailing Address Line Two								Ci	ty	Sta	te	Zip Code	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

1050 Dunbar Hill Road

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Business Phone

203-288-7516

CT

06514

Hamden

Emergency Phone Email Address

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water quality Monitoring and compliance beneaute							
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0621014	CHURCH OF THE ASCENSION			NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerc	ial Industri	ial Combine	ed Agricultural
1040-1050 DUNBAR HILL RD		Connections		1			
Towns Served: I	HAMDEN			·			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule